DMHMRSAS MEDIS REPORTAL
ACCOUNT REQUEST FORM

TO: **DMHMRSAS Agency IT Security Officer** **Please FAX a signed copy along**
P.O. Box 1797 – 5th Floor **with a signed copy of HIPAA**
Richmond, Virginia 23218 **TRAINING ACKNOWLEDGEMENT**
John.Willinger@co.dmhmrsas.virginia.gov **FORM to: 804-786-2029**
Telephone: (804) 786-4143 **Attn: John Willinger**

In order to establish a new account, the user must:

- **Visit http://www.dmhmrsas.virginia.gov/adm-HIPAA.htm and review the HIPAA training slides.**
- **Print, sign, and attach the HIPAA Training Acknowledgment Form (which is downloaded separately from the slideshow, in PDF or WORD format).**
- **Be authorized to access MEDIS data (authorizing signature required below).**

Community Service Board / Facility Data Access Authorization (Please print or type)		
Rx-C Account # OR Facility Name:		**Effective Date:**
Authorizing CSB Executive Director Name & Signature OR Authorizing Facility Pharmacy Director Name & Signature	**Telephone Number and Email Address:**	
MEDIS Reportal Account User Information (Please print or type)		
Employee Name / Position Title	**Telephone Number and Email Address:**	
Level of Access Requested: ☐ Financial ☐ Clinical – Administrative ☐ Clinical – Medical	**Type of Action Requested:**	☐ Grant Access ☐ Discontinue Access ☐ Update Account Info
Does user have a DMHMRSAS domain account? If yes what is the account name?		

Examples of Clinical – Administrative reports include refill, discrepancy, and summary type reports targeting system efficacy.
Examples of Clinical – Medical reports include quality indicator and medical history type reports targeting those in patient contact.

MEDIS Reportal Use Only:

Date Entered into MEDIS Reportal: _____   *Entered by:* _____